JEFFERSON COUNTY PLANNING DEPARTMENT



445 W. PALMER MILL ROAD - MONTICELLO, FLORIDA 32345 Phone (850) 342-0223 - Fax: (850) 342-0225

COMPREHENSIVE PLAN MAP AMENDMENT

(Three copies of this application and all attachments are required)

Applicant/Owner Information:	
Owner Name:	_
Address:	_
Phone: *Signed letter of consent from owner required	
Location of property:	
Address:	
Section: Township: Range:	
Parcel ID Number(s):	
Size of Property: Acres Current Land Use Map Designation:	_
Requested Land Use Map Designation:	
Provide list of property owners within 500 feet, certified by the Property Appraiser's Office.	
Adjacent Land Uses on Future Land Use Map	
North South	
East West	
Attachments:	
□ Print of Aerial Photograph (folded to 8 1/2" x 11") □ Legal Description	
□Copy of Deed to Property □Vicinity Map	_
Statement of Purpose, Scope and Justification, including (at a minimum) statement supporting material on the following:	and
Proposed Density and/or Intensity of Use	
☐ Urban Sprawl	
☐ Traffic Impacts and Traffic Improvements Needed**	
☐ Water and Wastewater System Impacts and Improvements**	
Site Suitability	
☐ Stormwater/Drainage Impacts and Improvements**	
Recreation Impacts and Improvements**	
Solid Waste Disposal System Impacts and	
☐ Improvements**	
☐ Plan Changes Required	

NOTE: A Consistency Checklist for <u>ALL</u> Comprehensive Plan Elements is required.

**Applicant's findings regarding the proposed change's consistency with applicable sections of chapter 163, Florida Statutes, and Rule 95-5, Florida Administrative Code. Applicant must include description of improvements necessary to accommodate the changes proposed, along with supporting data, analysis and proposed funding sources for the improvements.

Signatures: Date Owner Produced Identification _____ Type of Identification Produced _____ Personally Known Sworn to and subscribed before me this _____day of _______, 20_____. Signature: Notary Public, State of Florida Other Owner Authorized Representative Date Other Owner Authorized Representative Date Produced Identification _____ Type of Identification Produced _____ Personally Known _____ Sworn to and subscribed before me this _____day of ______, 20____. Signature: Notary Public, State of Florida Fee payment (See Fee Schedule) - Attach copy of receipt. Date of Application and Payment

Applicant's signature below certifies that the applicant understands that the Future Land Use Map Amendments may require environmental analysis and other permit approvals before development

activity can begin. Call the Planning Office at (850) 342-0223 for more information.